

**REMARKS**

Reconsideration and allowance of the subject patent application are respectfully requested.

Applicant's representative thanks Examiner Naqi and Astorino for the courtesy extended during a telephone interview about the subject patent application. The substance of the interview is reflected in the following remarks.

Claims 1-5, 8-11, 13-16, 18-30 and 36 were rejected under 35 U.S.C. Section 102(b) as allegedly being "anticipated" by Blants et al. (U.S. Patent No. 6,231,519). Claim 17 was rejected under 35 U.S.C. Section 103(a) as allegedly being made "obvious" by a proposed combination of Blants et al. and Baker, Jr. et al. (U.S. Patent No. 5,853,364).

During the aforementioned interview, Examiner Naqi suggested that amending the independent claims to recite sending information from the server to initiate interaction with the patient (e.g., via questions) would appear to overcome the rejections. This subject matter finds illustrative, non-limiting support at page 5, line 11 et seq. of the subject patent application. Applicant has amended claims 1 and 36 to include this feature and consequently these claims are now believed to distinguish over Blants et al. and/or the combination of Blants et al. and Baker, Jr. et al.

Applicant offers the following additional comments regarding Blants et al.

The 1/29/2008 office action contends that the system of Blants is capable of analyzing data automatically with reference to known trends for the patient, which satisfies the "adapted to" wording in claim 1, and in any case that Blants does actually analyze the data with respect to known trends to the patient.

As regards the first of these points, namely that the "adapted to" language in claim 1 does not import the limitation, claim 1 has been amended to recite that "the system analyzes the output data ...".

On the second of these points, Applicant notes that claim 1 recites analyzing the data with respect to known trends to the particular individual patient. As indicated on page 15 of the 1/29/2008 office action, Blants et al. analyzes the data "to identify different asthma types". Thus Blants et al. is looking for general classes of asthma such as mild, moderate, severe, which are group classifications. With the system of claim 1, the analysis is tuned to the individual patient's

characteristics, so regardless of whether the patient is in the general group of mild, moderate or severe asthmatics, for example, the parameters measured are analyzed, for example and without limitation, with respect to that particular patient's normal state. Thus the condition of the patient can be identified in a particularly personalized way, not with regard to norms for a group of patients, but with regard to that patient him or herself.

Therefore claim 1 system provides analysis that is personalized to the patient (i.e. tuned to the patient's characteristics), this analysis being used, for example and without limitation, automatically in real time for day-by-day analysis of the patient's current condition. This is significant because what is regarded as "appropriate" for one patient's condition (e.g., a patient who is suffering from serious asthma) may actually be quite "inappropriate" for another patient (even in the same general group of asthmatics) and vice-versa. The analysis personal to the patient's condition provided by the claim 1 system allows a patient to see how his/her condition is being controlled in a suitable context for him/her. Some patients can exercise good control of even quite serious conditions, whereas others may have poor control, and what is provided by the claim 1 system is analysis personal to a patient.

Moreover, a patient's condition will evolve over time and so the trends for a patient will also change over time. Hence the analysis is tuned to a patient's characteristics, e.g., is appropriate for the particular patient at that particular time. There is no concept of an analysis personal to a particular patient in Blants et al., nor concept of adaptivity by having a model tuned to a patient's particular characteristics.

These points are recited in claim 1 by indicating the "analysis being tuned to each patient's characteristics" and the analysis being "with reference to known trends for the patient". The tuning of the analysis to each patient's characteristics is disclosed in the original description at page 13, lines 4 to 12, and in particular line 10. Claim 36 recites similar features in the context of a method claim.

Claims 1-5, 8-11, 13, 15, 18-23, 28-30 and 36 were rejected under 35 U.S.C. Section 103(a) as allegedly being made "obvious" by a proposed combination of Schulze et al. (U.S. Patent No. 6,443,890) and Phipps (U.S. Patent No. 6,579,231). Claims 6 and 7 were rejected under 35 U.S.C. Section 103(a) as allegedly being made "obvious" by the proposed Schulze et

al.-Phipps combination, in further view of Haller et al. (U.S. Patent Publication No. 2002/0052539).

As discussed at the above-mentioned interview, claims 1 and 36 have been amended to recite sending information from the server to initiate interaction with the patient and thus these claims and the claims that dependent therefrom are believed to distinguish over the proposed combinations involving Schulze et al. and Phipps.

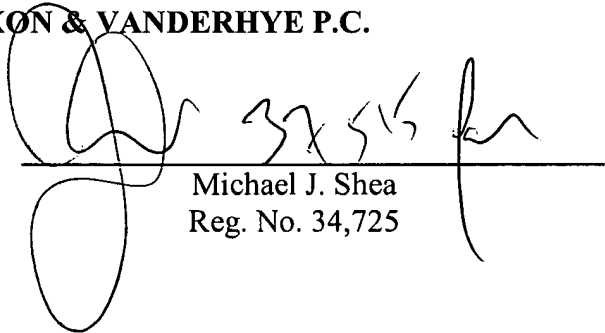
New claim 37 has been added. This new claim is based on claim 1 and distinguishes from the applied references for reasons similar to those advanced with respect to claim 1.

Applicant believes that this entire application is in condition for allowance and respectfully requests a notice to this effect. If the Examiner has any questions or believes that an interview would further prosecution of this application, the Examiner is invited to telephone the undersigned.

Respectfully submitted,

**NIXON & VANDERHYE P.C.**

By:

A handwritten signature in dark ink, appearing to be "Michael J. Shea", is written over a horizontal line. The signature is stylized and includes some additional markings to the right.

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